

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **BENZOFURAN COMPOUNDS, COMPOSITIONS AND METHODS FOR TREATMENT AND PROPHYLAXIS OF HEPATITIS C VIRAL INFECTIONS AND ASSOCIATED DISEASES**, the specification of which [check one(s) applicable]

☒ was filed October 31, 1003 and assigned U.S. Patent Application No. 10/699,336;
☐ and was amended by Amendment filed (if applicable); or
☐ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119: I hereby claim the benefit under 35 U.S.C. §119 of any prior United States provisional application(s) listed below:

<u>Provisional Appln No.</u>	<u>Filing Date</u> <u>Day/Mon/Year</u>
60/515,944	30.10.2003
60/461,077	04.08.2003
60/489,060	21.07.2003
60/423,291	11.01.2002

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643 and Kathleen D. Rigaut, Ph.D., Reg. 43,047.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: **CUSTOMER NUMBER 000110**
DIRECT INQUIRIES TO: **Telephone: (215) 563-4100**
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

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First Middle Last

Full Name Christopher J Burns
First Middle Last

Signature [Signature]

Signature [Signature]

Date 12/12/03

Date 12/12/03

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City State or Country

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Citizenship USA

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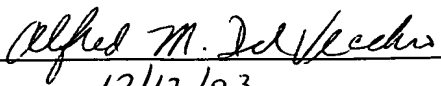
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THIRD JOINT INVENTOR (IF ANY)

Full Name Alfred M. Del Vecchio
 First Middle Last

Signature 

Date 12/12/03

Residence WEST CHESTER PA
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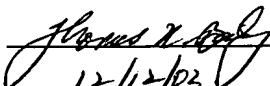
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FOURTH JOINT INVENTOR (IF ANY)

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FIFTH JOINT INVENTOR (IF ANY)

Full Name Jason A. Reinhardt
 First Middle Last

Signature _____

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Residence _____
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Citizenship _____

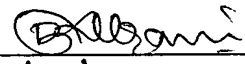
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SEVENTH JOINT INVENTOR (IF ANY)

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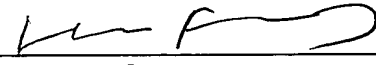
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EIGHTH JOINT INVENTOR (IF ANY)

Full Name Hao Feng
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NINTH JOINT INVENTOR (IF ANY)

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TENTH JOINT INVENTOR (IF ANY)

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Signature Charles W. Blackledge

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ELEVENTH JOINT INVENTOR (IF ANY)

Full Name David J. Rys
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Date _____

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FOURTEENTH JOINT INVENTOR (IF ANY)

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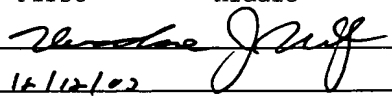
Date 12/12/03

Residence Dresher PA
 City State or Country

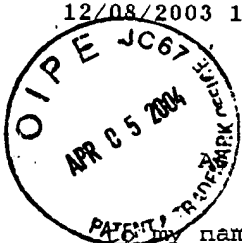
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FIFTEENTH JOINT INVENTOR (IF ANY)

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City State or Country Zip Code

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SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name Ashis K. Saha
 First Middle Last

Full Name Christopher J. Burns
 First Middle Last

Signature _____

Signature _____

Date _____

Date _____

Residence _____
 City State or Country

Residence _____
 City State or Country

Citizenship _____

Citizenship _____

Post Office Address: _____

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Street Address _____

City State or Country Zip Code

City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

Full Name Alfred M. Del Vecchio
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EIGHTH JOINT INVENTOR (IF ANY)

Full Name Hao Feng
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Signature *DL Rys*

Date 12-17-03

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Full Name John _____ Swestock
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Signature _____

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TWELVETH JOINT INVENTOR (IF ANY)

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Street Address _____

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FIFTEENTH JOINT INVENTOR (IF ANY)

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First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

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Street Address _____

City State or Country Zip Code

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